

NOTICE

Important instructions for printing forms that you will be submitting to the TSP Service Office:

To print a form, select a form below by clicking on it. Select **File** from the menu at the top of your computer screen and then select **Print**. Once a dialog box appears, de-select (uncheck) the "**Shrink oversized pages to paper size.**" Then click **OK**.

(Adobe Acrobat shrinks an oversized PDF form to fit the page when it prints. TSP scanning equipment that is used to read the form cannot read this smaller image. This may delay the processing of your form because it requires that your form be processed manually. However, you can correct this problem by following this procedure.)

Print these forms on **white paper**. Colored paper may prevent forms from being processed properly, which may delay fulfilling your request.



THRIFT SAVINGS PLAN CHANGE IN NAME FOR SEPARATED PARTICIPANT

TSP-U-15

If you are no longer a member of the uniformed services, use this form to report a change in your name to the Thrift Savings Plan (TSP) Service Office. This form will also update your address in your TSP account record; if you submit this form, you do not need to submit Form TSP-U-9, Change of Address for Separated Participant. **Note:** Active members can change their names for their uniformed services TSP accounts **only** through their services. They should **not** submit this form.

Type or print all information. Make a copy of this form for your records. Mail this form to:

**TSP Service Office
National Finance Center
P.O. Box 61500
New Orleans, LA 70161-1500**

Telephone number: (504) 255-8777
TDD: (504) 255-5113

Do not send any documentation; it is not required.

Please note: If you also have a civilian TSP account, you must change your name separately for that account by completing Form TSP-15 (if you are separated from Federal civilian employment) or by contacting your agency personnel office (if you are still employed by the Federal Government).

I. INFORMATION ABOUT YOU

1. Your New Name _____
Last First Middle
2. Social Security No. _____ - _____ - _____ 3. Date of Birth _____ / _____ / _____
mm dd yyyy
4. Address _____
Street address or box number
5. City _____ 6. _____ 7. _____
State/Country Zip Code
8. Daytime Phone (Area Code and Number) (_____) _____ - _____

II. YOUR FORMER NAME

9. Former Name _____
Last First Middle

III. YOUR SIGNATURE AND CERTIFICATION

I certify that the information I have provided is true to the best of my knowledge. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of law that is punishable by a fine of as much as \$10,000 or imprisonment for as long as 5 years, or both (18 U.S.C. 1001).

10. _____ 11. _____
Participant's Signature Date Signed

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your uniformed services TSP account. We will use the information you provide to process your change in name. This information may be shared with other Federal agencies or the uniformed services for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigating a violation of civil, criminal, or military law,

or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may also disclose relevant portions of the information to appropriate parties engaged in litigation. You are not required by law to provide this information, but if you do not provide it, we will not be able to change your name for your uniformed services TSP account.

